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File Number:	# 1000 HALL DEN COME COME COME COME COME COME COME	OMB APPROVAL
84-693		OMB Number: 3235-033 Expires: July 31, 200
For the reporting period ended December 31. 2001	02004617	Estimated average burden hours per full response 6.00
	UNITED STATES	Estimated average burden hours per intermediate
	SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 29849	response
JUN 2 8 200		002 response
THOMSON FINANCIAL FORM FOR	FORM TA-2 R REPORTING ACTIVITIES OF TRANSP	FED ACENTS
	TO SECTION 17A OF THE SECURITIES	
ATTENTION:	INTENTIONAL MISSTATEMENTS OR CONSTITUTE FEDERAL CRIMINAL V	
	See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a)	MAR 7 3 2002
 Full name of Registrant as stated (Do not use Form TA-2 to change name 	1 1 2 U 1 1 1	SHOR OF MARKET REGULATION
Nationa	l Western Life Insurance Company	1
2. a. During the reporting period. (Check appropriate box.)	has the Registrant engaged a service company to perf	form any of its transfer agent functions
ΔII	Some X None	
b. If the answer to subsection company(ies) engaged:	(a) is all or some, provide the name(s) and transf	er agent file number(s) of all servic
Name of Transfer Agent(s):		File No. (beginning with 84- or 85-):
c. During the reporting period, transfer agent functions?	has the Registrant been engaged as a service compan	y by a named transfer agent to perform
☐ Yes	X No	
	e) is yes, provide the name(s) and file number(s) of the as a service company to perform transfer agent function plement to Form TA-2.)	
Name of Transfer Agent(s):		File No. (beginning with 84- or 85-):

*3.	a.	Comptrolle Federal De	ppropriate reguer of the Curres posit Insurance Governors of the and Exchange	ncy e Corporati e Federal R	on Leserve Syste		x only	.)			
	b.					ded Form TA-l omplete, or mis				ving the date on box.)	which
			amendment(s) to file amendm able	nent(s)							
	c.	If the answer t	o subsection (b	o) is no, pro	vide an exp	lanation:		···			
_											
,		If ·	the response	to any of	questions	4-11 below	is noi	ne or zer	o, enter "0.	37	
4.	Nu	mber of items re	eceived for trai	nsfer during	the reportir	ng period:				0	
				_	-	(C	lass	B Comm	on Stock)		
Э.	a.	Total number of System (DRS),				irect purchase					
	b.	Number of ind as of Decembe	•	•		•		-	-	ounts 0	
	c	Number of ind	ividual security	yholder DR	S accounts a	as of December	31:			0	
	d.	Approximate p December 31:	percentage of i	ndividual s	ecurityholde	er accounts from	m sub:	section (a)	in the follow	wing categories	as of
		Corporate	Corporate	1	Open-End	Limited		Municip	I .	Other	7
		Equity Securities	Debt Securities		nvestment Company Securities	Partnersh Securitie	•	Secur	ities	Securities	
		100%									
6.	Nu	mber of securiti	es issues for w	hich Regist	rant acted in	the following	capaci	ties, as of	December 31	:	
				1	rporate curities	Open-End Investment Company	Par	imited tnership curities	Municipal Debt Securities	Other Securities	
	a.	Receives items and maintains t securityholder	the master	Equity	Debt	Securities					-
	b.	Receives items but does not m	for transfer aintain the								
	c.	master security Does not receiv transfer but ma	ve items for intains the								

2	Sc a.	ope of certain additional types of activities performed: Number of issues for which dividend reinvestment plan and/or direct purchase plan
		services were provided, as of December 31:
	b.	Number of issues for which DRS services were provided, as of December 31:
	¢.	
		i. number of issues
		ii. amount (in dollars)
_		
8.	a.	Number and aggregate market value of securities aged record differences, existing for more than 30 days, as of December 31:
		Prior Current
		Transfer Agent(s) (If applicable)
		i. Number of issues
		ii. Market value (in dollars)
	b.	Number of quarterly reports regarding buy-ins filed by the Registrant with its ARA (including the SEC) during the reporting period pursuant to Rule 17Ad-11(c)(2):
•	c.	During the reporting period, did the Registrant file all quarterly reports regarding buy-ins with its ARA (including the SEC) required by Rule 17Ad-11(c)(2)?
		☐ Yes ☐ No
	d.	If the answers to subsection (c) is no, provide an explanation for each failure to file:
9.	a.	During the reporting period, has the Registrant always been in compliance with the turnaround time for routine items as set forth in Rule 17Ad-2?
		as set forth in real of the 2.
		☐ Yes ☐ No
		If the answer to subsection (a) is no, complete subsections (i) through (ii).
		i. Provide the number of months during the reporting period in which the Registrant was not in compliance with the turnaround time for routine items according to Rule 17Ad-2.
		ii. Provide the number of written notices Registrant filed during the reporting period with the
		SEC and with its ARA that reported its noncompliance with turnaround time for routine
		items according to Rule 17Ad-2.
10.		mber of open-end investment company securities purchases and redemptions (transactions) excluding dividend, interes distribution postings, and address changes processed during the reporting period: Total number of transactions processed:
	ъ. b.	Number of transactions processed on a date other than date of receipt of order (as ofs):
		4

During the reporting period, provide the date of all database searches conducted for lost securityholder accounts listed on the transfer agent's master securityholder files, the number of lost securityholder accounts for which a database search has been conducted, and the number of lost securityholder accounts for which a different address has been obtained as a result of a database search:

Date of Database Search	Number of Lost Securityholder Accounts Submitted for Database Search	Number of Different Addresses Obtained from Database Search
(There are no lost securi	0 tyholders.)	

b.	Number of lost securityholder accounts that have been remitted to states during the	_
	reporting period:	0

SIGNATURE: The Registrant submitting this Form, and the person signing the Form, hereby represent that all the information contained in the Form is true, correct, and complete.

Manual signature of Official responsible for Form:	Title:
Mull	Senior Vice President-Secretary
	Telephone number:
	512/836-1010
Name of Official responsible for Form:	Date signed
(First name, Middle name, Last name)	(Month/Day/Year):
James P. Payne	2/26/02

File Number 84-693	Supplement to Form TA-2
For the reporting period ended December 31, 2001	Full Name of Registrant
	National Western Life Insurance Company

Use this schedule to provide the name(s) and file number(s) of the named transfer agent(s) for which the Registrant has been engaged as a service company to perform transfer agent functions:

Name(s):	File No.
	(beginning with 84- or 85-):
None	
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